



**JON S. CORZINE**  
Governor

## *New Jersey Office of the Attorney General*

Division of Consumer Affairs  
New Jersey Board of Nursing  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102  
[www.state.nj.us/lps/ca/home.htm](http://www.state.nj.us/lps/ca/home.htm)



**ZULIMA V. FARBER**  
Attorney General

**STEPHEN B. NOLAN**  
Acting Director

**Mailing Address:**  
P.O. Box 45010  
Newark, NJ 07101  
(973) 504-6430

### **STATE OF NEW JERSEY BOARD OF NURSING**

## **Instructions for Reinstatement of a Lapsed License**

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration, certification and complies with the provisions of N.J.S.A. 45:1-7.2 (a), (b), (c) and (d). The necessary licensure reinstatement application and materials may be downloaded from the Board of Nursing's website and include the following:

### **1. Reinstatement Application:**

**Complete and return to:**

**State of New Jersey Board of Nursing  
P.O. Box 45010  
Newark, NJ 07101**

### **2. Application Packet:**

#### **a. Application Fees:**

- (1) Payment of all past delinquent license renewal fees (\$65.00 for each biennial period of license expiration, 1999-2005),
- (2) Payment of the current biennial license renewal fee (effective March, 2006 - \$120.00),
- (3) Payment of the lapsed license fee of \$100.00 for each licensure reinstatement application.

#### **b. Affidavit of Employment:**

- (1) Complete an Affidavit of Employment listing each job held during the lapsed licensure or certification period. This Affidavit of Employment must include the names, addresses and telephone numbers of each employer; and
- (2) Submit a notarized statement indicating if you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license or certificate was lapsed. If you were practicing your profession or occupation during this lapsed license period, you must include a description of the type of work or projects that you were involved with; and

#### **c. Proof of Competency:**

- (1) If the license has been lapsed for more than five (5) years, provide a notarized copy of a certificate denoting that a Nurse Refresher Course with clinical practice was completed.
- (2) If applicable, satisfactory proof that the applicant has maintained proficiency by completing the continuing education hours or credits required for the renewal of an active license or certificate of registration or certification.

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N.J.A.C. 13:37-5.5 Fee Schedule

Licensure Reinstatement Fee

Year License Lapsed	Total Fee Due
*1999	\$360.00
2000	\$415.00
2001	\$295.00
2002	\$350.00
2003	\$230.00
2004	\$285.00
2005	\$165.00
2006	\$220.00
<p>* This includes those who expired in 1999 and prior to 1999</p> <p>The fees are calculated based on the fee for each biennial cycle that has occurred since the license has lapsed plus a reinstatement fee of \$100.00</p>	



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### Reinstatement of Lapsed License Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City, State Zip

Telephone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of License/Certification:

☐ RN NJ License No.: \_\_\_\_\_

☐ LPN

Initial License/Certification Date \_\_\_\_\_ Year of Last Renewal \_\_\_\_\_

Your Answers to the Following Questions should cover the **entire** period of time since you last renewed your license/certificate in New Jersey:

- Has your professional license or certificate been suspended, revoked or voluntarily surrendered in any jurisdiction? If "yes" indicate the circumstances surrounding the revocation, suspension or surrender.

☐ Yes  
☐ No

- Are you aware of any investigation pending against your license or certificate issued by any professional board. If "yes" indicate the circumstances surrounding the investigation.

☐ Yes  
☐ No

3. Have you been convicted of any criminal offense? (Minor traffic offenses such as a parking or speeding violation need not be listed, however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed. If “yes” provide a copy of the complaint or indictment, and criminal disposition.
- ☐ Yes  
☐ No
4. Are there any pending criminal charges against you? (Minor traffic offenses such as a parking or speeding violation need not be listed, however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed. If “yes” provide a copy of the complaint or indictment)
- ☐ Yes  
☐ No
5. Have you been named as a defendant in any litigation related to the practice of nursing or other professional practice in any jurisdiction? If “yes” indicate the circumstances surrounding the termination or resignation.
- ☐ Yes  
☐ No
6. Have you been terminated or asked to resign from employment in any jurisdiction? If “yes” indicate the circumstances surrounding the termination or resignation.
- ☐ Yes  
☐ No



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### EMPLOYMENT CERTIFICATION FOR: REINSTATEMENT OF LAPSED LICENSE

**DIRECTIONS:** Please complete this certification: have it notarized and return to the New Jersey Board of Nursing. If you have had more than two employers, please add additional sheets of paper with the employment data. The Board may contact your employer(s) to verify your employment.

First name	Middle Name	Last Name	Maiden Name
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Present Street Address	City	State	Zip Code
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- ☐ RN License No. \_\_\_\_\_
- ☐ LPN License No. \_\_\_\_\_
- ☐ APN Certificate No. \_\_\_\_\_

### EMPLOYMENT DATA: (For the past 5 (five) years).

1. \_\_\_\_\_  
Name of employing agency or facility

Street Address	City	State	Zip Code
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Job Title	Employment Dates:	From	To
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Supervisor's Name	Title	Telephone No.
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Are you currently working as a nurse, or did you work as a nurse while your license was lapsed or expired?

- ☐ Yes  
☐ No

Provide explanation: \_\_\_\_\_

Were you terminated or asked to resign?

- ☐ Yes  
☐ No

Provide explanation: \_\_\_\_\_

2. \_\_\_\_\_  
Name of employing agency or facility

Street Address	City	State	Zip Code
----------------	------	-------	----------

Job Title	Employment Dates:	From	To
-----------	-------------------	------	----

Supervisor's Name	Title	Telephone No.
-------------------	-------	---------------

Are you currently working as a nurse, or did you work as a nurse while your license was lapsed or expired?

- ☐ Yes  
☐ No

Provide explanation: \_\_\_\_\_

Were you terminated or asked to resign?

- ☐ Yes  
☐ No

Provide explanation: \_\_\_\_\_

The person whose signature below personally appeared before me, and being duly sworn says that he/she is the person referred to in the foregoing Employment Certification. The nurse further attests that he/she has read and understands this certification and that all information contained herein is provided completely and truthfully to the best of his/her knowledge and beliefs.

\_\_\_\_\_  
Signature

Sworn & Subscribed before me  
this \_\_\_\_\_ Date of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public



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February 2006

Dear Applicant:

In November 2003 legislation was passed that requires the Division of Consumer Affairs to conduct criminal history record background checks on all health care professionals prior to the issuance of an initial license or other authorization to practice a health care profession (N.J.S.A. 45:1-28 et seq.). The records of the Division show that you are a current applicant for licensure or certification as a health care professional, and as such, the Division must arrange to conduct a criminal history check of your background.

In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to the mailing address above.

### ***(In-State Applicants)***

Upon receipt of the completed Certification and Authorization form, the Board will **forward** your information about how to schedule an appointment with Sagem Morpho, Inc. to have your fingerprints electronically recorded. **A \$78.00 fingerprinting fee must be paid to Sagem Morpho, Inc., at the time of fingerprinting.** The \$78.00 payment should be in the form of a check or money order made payable to Sagem Morpho, Inc.

### ***(Out-of-State Applicants)***

Upon receipt of the completed Certification and Authorization form, the Board will **forward** you one state and one federal fingerprint card. Out-of-state applicants must have their fingerprints recorded, on the cards provided, by their local police department, by their state police department or by their local law enforcement agency. You must return the fingerprint cards to the Board or Committee with the required fee. Applicants submitting fingerprint cards will be required to pay a \$78.00 fee to have their fingerprints scanned into the electronic system by Sagem Morpho, Inc. **The \$78.00 should be in the form of a check or money order made payable to Sagem Morpho, Inc.**

If you fail to complete and return the Certification and Authorization Form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing

George Hebert, MA, RN  
Executive Director

**Official Use Only**☐ Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number

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 New Jersey Board of Nursing  
 P.O. Box 45010  
 Newark, New Jersey 07101  
 (973) 504-6430

**Official Use Only**☐ Resubmit

Board or Committee

## CERTIFICATION AND AUTHORIZATION FORM FOR A CRIMINAL HISTORY BACKGROUND CHECK

**Directions:** Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_ ( \_\_\_\_\_ )  

Last
First
Middle
Maiden Name
2. Address \_\_\_\_\_  

Street or P.O. Box
City
State
ZIP code
3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female  

Month
Day
Year
4. Social Security number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No  
 If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.  
 If "Yes," please provide the following information and follow the instructions outlined below:

 \_\_\_\_\_  
 Board or committee requiring the fingerprinting

 \_\_\_\_\_  
 Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs**, you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. The fee for this background check will be \$33.00. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date

**The New Jersey Board of Nursing  
Licensure Reinstatement**

**Request for Nurse Refresher Course: Clinical Practice Letter**

**Purpose:**

This request form is for a New Jersey nurse who is reinstating a lapsed nursing license to obtain permission to complete the clinical component of a Nurse Refresher Course for licensure re instatement.

**Directions:** Please complete this Request Form and return it to:

**George J.. Hebert, M.A., R.N.**  
Executive Director  
New Jersey Board of Nursing  
P.O. Box 45010  
Newark, N.J. 07101

Name of Applicant:\_\_\_\_\_ New Jersey License Number:\_\_\_\_\_

Date of Initial Licensure:\_\_\_\_\_ Date of licensure Expiration:\_\_\_\_\_

Name of Nurse Refresher Course Institution:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Course Dates:\_\_\_\_\_ Clinical Practice Dates:\_\_\_\_\_

Name of Agency for Clinical Practice:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Signature of Licensee:\_\_\_\_\_ Date:\_\_\_\_\_

Signature of Nurse Refresher Course Instructor:\_\_\_\_\_ Date:\_\_\_\_\_